

SMN
Lead screening and treatment under the HCY program is directed toward the prevention and treatment of lead poisoning in young children. The Centers for Disease Control and Prevention (CDC) findings prompted HCFA to mandate that all Medicaid eligible children between the ages of 6 months and 72 months be screened. A complete lead screen consists of a verbal risk assessment and blood test(s) as indicated by CDC criteria. HCFA's mandates and Missouri Medicaid lead screening policy can be found in Missouri Medicaid Program Manuals and Bulletins.

SMN
The lead screening program and environmental assessment consist of mandatory screening questions for lead poisoning, screening of the blood lead level, interventions; environmental risks assessments for CHILD'S PRINCIPAL RESIDENCE by certified environmental lead inspectors and case management of children with blood lead levels greater than 15 ug/dL.

IV
PROGRAM EVALUATION PLAN

The Directors of the DOH/DSS, or their designees and other persons from their respective divisions chosen by the Directors shall meet at least quarterly for the purpose of program development, review and evaluation, and to develop recommendations for improving the program.

These activities shall include consideration of:

1. Evaluation of policies, duties, and responsibilities of each agency.
2. Arrangements for periodic review of the agreement and for joint planning for changes to the agreement.
3. Identify changes of staff, responsible for Lead Program activities at both state and local levels.

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Approval Date FEB 18 1993
Effective Date 09-01-93

V
TERMS OF THIS AGREEMENT

This Interagency Agreement shall become effective September 1, 1993, and shall continue in effect for five years. This agreement may be amended upon agreement of all parties or may be canceled by any party after giving thirty (30) days prior notice in writing to the other party. Any financial arrangement pertaining to this agreement shall remain in effect for all services provided during the period covered by this agreement.

Dr. Coleen Kivlahan *C. Kivlahan* Date 9/23/94
Director, Department of Health

Donna Checkett *Donna Checkett* Date 10/20/94
Director, Division of Medical Services

Gary J. Stangler *G. J. Stangler* Date November 8, 1994
Director, Department of Social Services

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Supersede TN No. New Material

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57

COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, Division of Medical Services
and
THE POTOSI R-III SCHOOL DISTRICT

EPSDT ADMINISTRATIVE CASE MANAGEMENT through the
HEALTHY CHILDREN AND YOUTH PROGRAM (EPSDT)

STATEMENT OF PURPOSE

The Missouri Department of Social Services (DSS) through its Division of Medical Services (DMS) and the Potosi R-III, in order to provide the most efficient, effective administration of Title XIX, Early Periodic Screening, Diagnosis and Treatment (EPSDT) aka in the state as Healthy Children and Youth, hereby agree to the conditions included in the Cooperative Agreement. The provision of EPSDT/HCY Administrative Case Management by the Potosi R-III has been determined to be an effective method of assuring the availability, accessibility and coordination of required health care resources to Medicaid eligible children residing within the boundaries of the Potosi R-III.

The Department of Social Services, Division of Medical Services recognizes the unique relationship that the Potosi R-III has with EPSDT/HCY eligible clients and their families. It further recognizes the expertise of the Potosi R-III in identifying and assessing the health care needs of EPSDT eligible clients and in planning, coordinating and monitoring the delivery of preventative and treatment services to meet their needs. DSS, in order to take advantage of this expertise and relationship, enters into this cooperative agreement with the Potosi R-III for EPSDT Administrative Case Management.

The Department of Social Services, Division of Medical Services recognizes the Potosi R-III as the most suitable agent to administer case planning and coordination through EPSDT Administrative Case Management for its EPSDT eligible clients and their families.

The Department of Social Services and the Potosi R-III enter into this Cooperative Agreement with full recognition of all other existing agreements which the Department may have developed for services to Title XIX eligible clients living within the Potosi R-III's boundaries and which are currently included in the Title XIX State Plan.

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I
MUTUAL OBJECTIVES

1. Assure that all Title XIX eligible clients under the age of 21 and their families are informed of the EPSDT/HCY benefit and how to access it.
2. Assure that assistance is provided to children and their families in determining their eligibility for participation in Missouri's Medicaid plan.
3. Assure early and appropriate intervention and screening so that diagnosis and treatment occur in a timely manner.
4. Establish a health care home as defined in Section 9 of the General Chapters of the Medicaid Provider Manual, for those Medicaid eligible children receiving EPSDT/HCY service coordination activities.
5. Assure that services are of sufficient amount, duration and scope to correct or ameliorate the condition for which they were determined to be medically necessary.
6. Assure that services are provided by appropriate Medicaid enrolled providers for the correction or amelioration of conditions identified through a full, partial, or inter-periodic EPSDT/HCY screen.
7. All terms of this Agreement and procedures are to adhere to OMB Circular A87.

II
RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse the Potosi R-III the Title XIX federal share of actual and reasonable costs for EPSDT administration provided by staff based upon a time-accounting system which is in

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accordance with the provisions of OMB Circular A87 and 45 CFR parts 74 and 95; expense and equipment costs necessary to collect data, disseminate information and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. The rate of reimbursement for eligible costs qualifying under regulations application to Skilled Professional Medical Personnel and their supporting staff (compensation, travel and training), will be reimbursed at 75% when the criteria of 42 CFR 432.50 are met. Changes in federal regulations affecting the matching percentage and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.

2. Provide the Potosi R-III access to the information necessary to properly provide the EPSDT Administrative Case Management.
3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the Potosi R-III.
4. Provide initial training and technical assistance to staff of the Potosi R-III regarding the responsibilities assumed within the terms of this agreement.
5. Conduct in service training sessions for participating schools districts on an annual basis.
6. Provide necessary consultation to the Potosi R-III on issues related to this agreement as needed by the school district.
7. Accept federally approved cost allocation on file at DESE as official cost allocation plan to be used in calculating amount of payment due.

The Potosi R-III agrees to:

1. Provide EPSDT Administrative Case Management as an instrument for the Department of Social Services, Division of Medical Services, to aid children and families accessing appropriate Medicaid program eligibility information, in assuring the availability, accessibility and coordination of required health care resources to Medicaid eligible children and their families residing within the district's boundaries. The

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Potosi R-III shall develop and submit within 90 days of the signing of this agreement, for approval by DMS, an internal process for measuring the progress of the district toward attainment of the ACM Program goals. The following list of activities have been identified as appropriate for providing the Administrative Case Management function.

A. Outreach Activities:

- i. identify potential Medicaid eligible children and assist in their eligibility determination consistent with the mandates contained in House Bill 564;
- ii. inform Medicaid eligible pregnant teenagers within the Potosi R-III about the availability of HCY/EPSDT services;
- iii. inform the groups cited above of available necessary transportation; provide scheduling assistance; and develop transportation resources as appropriate.

B. Coordination of HCY/EPSDT Screens and Evaluation:

Assistance will be provided to eligible children and their families in establishing a medical care home as defined in Section 9 of the General Chapter of the Missouri State Medicaid HCY Program. Coordination activities include, but are not limited to:

- i. making referrals for and scheduling the following EPSDT/HCY screens in accordance with the periodicity schedule set out in Section 9 of the General Section of the State Medicaid HCY Provider Manual:
 - a) comprehensive health and developmental, including mental health;
 - b) vision;
 - c) hearing;
 - d) dental;
- ii. making referrals for and scheduling any evaluations that may be required as the result of a condition identified during the child's screen.

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C. Immunizations:

Assistance will be given to eligible children to assure the appropriate immunizations are provided as indicated in Section 9 of the General Section of the State Provider Manual.

D. Case Planning and Coordination:

This activity includes providing assistance to the client and the family in developing and implementing a case or service plan. Activities include, but are not limited to:

- i. identifying and arranging for medically necessary services to correct or ameliorate conditions identified in the child's Individual Educational Plan (IEP) or Individual Family Service Plan (IFSP);
- ii. identifying and arranging for medically necessary services required as the result of any regular, interperiodic, or partial EPSDT/HCY screen;
- iii. after determining the frequency and duration of these services, secure the prior authorization through the Division of Medical Services;
- iv. developing and coordinating the meetings of any interdisciplinary teams that may be able to assist in development and periodic review of the case plan;
- v. coordinating the closure of the case, referral to any needed services and realignment of the case plan.

E. Prenatal Care Services:

This activity includes the provision of outreach coordination and prevention services to Medicaid eligible pregnant adolescents within the school district.

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F. Nutrition Services:

This activity includes planning, education, or coordination activities around a Medicaid eligible child's nutritional needs.

G. Health Education:

This activity includes the coordination of health education and anticipatory guidance services. Examples include, but are not limited to, child care development, safety, accident and disease prevention and healthy lifestyles and practices.

H. Interagency Coordination:

This activity includes efforts to improve the availability of services, to focus services on specific population groups or to define the scope of each agency's programs in relation to the other in the provision of services to the child and family.

I. Transportation:

This activity includes the provision of assistance to gain access to transportation for diagnostic and treatment services required as a result of a regular, partial or interperiodic HCY/EPST screen.

2. Account for the activities of staff providing EPSDT Administrative Case Management in accordance with the provisions of OMB Circular A 87 and 45 CFR parts 74 and 95. Follow predetermined methodology for evaluating the appropriate percentage of staff time, costs, etc. Develop and submit time study methodology with initial invoice.
3. Provide as requested by the Division of Medical Services, the information necessary to request federal funds available under the state Medicaid match rates.
4. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administrative, technical assistance and coordination.

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- 5. Certify to DSS the provisions of the non-federal share for HCY Administrative Case Management via completion of DMS "Certification of General Revenue" form.
- 6. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds which are deferred and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the Potosi R-III.
- 7. Consult with the Division of Medical Services on issues arising out of this agreement.
- 8. Conduct all activities recognizing the authority of the state Medicaid agency in the administration of state Medicaid Plan on issues, policies, rules and regulations on program matters.
- 9. Maintain all necessary information for a minimum of five (5) years to support the claims and provide HCFA any necessary data for auditing purposes.
- 10. Submit claims on a quarterly basis.

**III
PROGRAM DESCRIPTION**

EPSDT Administrative Case Management activities provide for the efficient operation of the state Medicaid plan. These activities aid the potential EPSDT eligible recipient to gain eligibility, access screening services, follow-up on referrals to additional medical providers, establish a health care home for the child, develop and coordinate a service plan, follow through on the case plan and assist the family in becoming able to meet its child's needs in such a way that they are able to function at an optimal level with minimal intervention.

EPSDT Administrative Case Management is committed to the least restrictive method of treatment for children and will maintain this as a priority.

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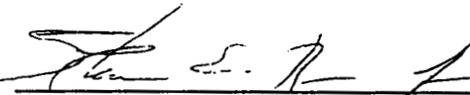
Effective Date 2-1-94

IV
PROGRAM EVALUATION PLAN

A designated representative from the Potosi R-III and the Medicaid agency shall meet annually for the purpose of program review and evaluation of policies for implementing the provisions of the interagency agreement.

V
TERMS OF THIS AGREEMENT

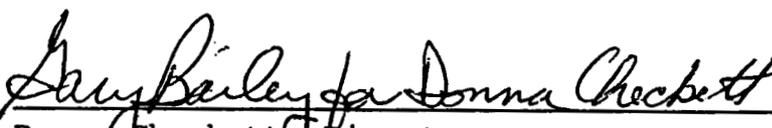
The period of this Cooperative Agreement shall be from 07-01-94, through 06-30-96. This agreement shall be reviewed annually by a representative of both parties with recognition of that review being indicated by attached addendum. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.



Gary J. Stangler, Director
Department of Social Services

12/2/94

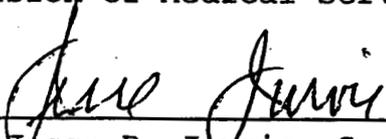
Date



Donna Checkett, Director
Division of Medical Services

11/15/94

Date



Mr. Jesse P. Jarvis, Superintendent
Potosi R-III

9/14/94

Date

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